

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR**

UNIFORM LIMITED OFFERING EXEMPTION

SEC UŜE ONLY Serial

OMB Number:

Expires:

OMB Approval

3235-0076

May 31, 2005

e burden 16.00

THOMSON FINANCIAL

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Thoma Cressey Friends Fund VII, L.P. Private Placement of up to \$10,000,000 of limited partnership interests. DEC - 2 2002 Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 508 505 ☐ Rule 506 ☐ Section 4(6) ☐ ULOE Amendment Type of Filing: ☐ New Filing 1086 A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer () check if this is an amendment and name has changed, and indicate change.) Thoma Cressey Friends Fund VII, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) Sears Tower, 92nd Floor, 233 South Wacker Drive, Chicago, IL 60606 312-382-2200 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Private investment entity PROCESSE Type of Business Organization corporation Iimited partnership, already formed other (please specify) DEC 3 0 2002 limited partnership, to be formed business trust

Year

2000

Estimated

GENERAL INSTRUCTIONS

Actual or Estimated Date of Incorporation or Organization:

Jurisdiction of Incorporation or Organization:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

(Enter two-letter U.S. Postal Service abbreviation for State: DE

Month

June

CN for Canada: FN for other foreign jurisdiction)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at teat address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, on of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the

Filing Fee: There is not federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities administrator in each state here sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-97)

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		A. BASIC IDENTIF	ICATION DATA		
 Each beneficial of securities of the Each executive of 	of the issuer, if the iss owner having the povissuer;	uer has been organized wi wer to vote or dispose, or of f corporate issuers and of o	direct the vote or disposi-		, ,
Check Box(es) that	□ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or
Apply:					Managing Partner
Full Name (Last name fir	st, if individual)				
* TC Partners VII, L.P.	ddraga (Number and (Street, City, State, Zip Coo	1.)		
Sears Tower, 92 nd Floor, 233			16)		
Check Box(es) that	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or
Apply:	٠ ي		_	_	Managing Partner
Full Name (Last name fir	st, if individual)	· · · · · · · · · · · · · · · · · · ·			<u> </u>
** Thoma Cressey Equity	y Partners Inc.				
		Street, City, State, Zip Coo	ie)		
Sears Tower, 92 nd Floor, 23.					
Check Box(es) that		☐ Beneficial Owner	Executive Officer	☐ Director	General and/or
Apply:	(Cin di d 1)				Managing Partner
Full Name (Last name fir *** Thoma, Carl D.	st, if individual)				
	ddress (Number and S	Street, City, State, Zip Coo	de)		
Sears Tower, 92 nd Floor, 23:			10)		
Check Box(es) that		☐ Beneficial Owner	Executive Officer	Director	General and/or
Apply:					Managing Partner
Full Name (Last name fir	st, if individual)				
*** Cressey, Bryan C.				***************************************	
		Street, City, State, Zip Coo	de)		
Sears Tower, 92 nd Floor, 23:			Executive Officer	Director	General and/or
Check Box(es) that	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Managing Partner
Apply: Full Name (Last name fir	est if individual)				ivialiaging Faither
*** Mitchell, Lee M.	si, ii iiidividuai)				
Business or Residence A		Street, City, State, Zip Coo	de)		
Sears Tower, 92 nd Floor, 23.			Executive Officer	Director	General and/or
Check Box(es) that		Beneficial Owner	- Evecative Officer	□ Director	Managing Partner
Apply: Full Name (Last name fin	ret_if individual)				ivialiaging nather
Liebeck, William W.	or, ir marviduar)				
	ddress (Number and	Street, City, State, Zip Coo	de)		
One Embarcadero Center, S			,		

Executive Officer

Director

General and/or

Managing Partner

370 17th Street, Suite 3600, Denver, CO 80202

* The general partner of Thoma Cresset Friends Fund VII, L.P.

Business or Residence Address (Number and Street, City, State, Zip Code)

** The general partner of TCEP VII, L.P.

Full Name (Last name first, if individual)

Check Box(es) that Apply:

Manning, Robert L., Jr.

*** Officers of Thoma Cressey Equity Partners Inc.

☐ Beneficial Owner

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years: Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Mayer, David J. Business or Residence Address (Number and Street, City, State, Zip Code) Sears Tower, 92nd Floor, 233 South Wacker Drive, Chicago, IL 60606 Check Box(es) that Apply: □ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Osborn, D. Christian Business or Residence Address (Number and Street, City, State, Zip Code) 370 17th Street, Suite 3600, Denver, CO 80202 Check Box(es) that Apply: □ Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Bravo, Orlando Business or Residence Address (Number and Street, City, State, Zip Code) One Embarcadero Center, Suite 2930, San Francisco, CA 94111 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Plessinger, D. Jeanne Business or Residence Address (Number and Street, City, State, Zip Code) One Embarcadero Center, Suite 2930, San Francisco, CA 94111 □ Promoter ☐ Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

					B. INI	FORMA	TION	ABOU	T OFF	ERINC	7			
1.	Has the is	suer sold	or does	the issue	er intend	to sell, to	non-acci	edited in	vestors ir	ı this offe	ering?		Yes	No
			An	swer also	o in App	endix, Co	lumn 2, i	f filing u	nder ULC	DE.	•			\boxtimes
2. *Tl	What is th								lual?*				\$0	
3.	Does the o	offering p	permit jo	int owne	ership of	a single u	nit?						Yes	No
4.	the offerin	nission or ng. If a p or with a	similar erson to state or	remuner be listed states, lis	ation for l is an ass st the nar	solicitation sociated properties of the	on of pur- erson or broker or	chasers in agent of a dealer.	n connect a broker of If more th	ion with or dealer nan five (sales of s registered 5) persor	securities in d with the as to be listed		
Ful	l Name (La	st name	first, if i	ndividua	1)									
Bus	siness or Re	sidence.	Address	(Numbe	r and Str	eet, City,	State, Zi	Code)						
Na	me of Asso	ciated Br	oker or l	Dealer			<u> </u>	 -						
Sta	tes in Whic	h Person	Listed h	nas Solic	ited or In	itends to S	Solicit Pu	rchasers						· · · · · · · · · · · · · · · · · · ·
	neck "All St									*************	.□ All S	States		
Al II. M Rl Ful	j [IN] T] [NE]	[AZ] IIA] [NV] [SD] st name:	(AR] (KS] [NH] [TN] first, if i	[CA] [KY] [NJ] [TX] ndividua	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	·	
Bu	siness or Re	sidence	Address	(Numbe	r and Str	eet, City,	State, Zi	Code)						
Na	me of Asso	ciated Br	oker or l	Dealer									<u></u>	
Sta	tes in Whic	h Person	Listed h	nas Solic	ited or In	itends to S	Solicit Pu	rchasers		~ ~~~				
(Cł	neck "All St	ates" or	check in	dividual	States)						🔲 All S	States		
A] U. M R]	[IN] [NE] [SC]	[AZ] IIA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY[[ID] [MO] [PA] [PR]		
Ful	ll Name (La	ist name	11rst, 1f 11	ndividua 	1)									
Bu	siness or Re	esidence	Address	(Numbe	r and Str	eet, City,	State, Zi	p Code)						
Na	me of Asso	ciated Br	oker or	Dealer										
Sta	tes in Whic	h Person	Listed l	nas Solic	ited or Ir	itends to	Solicit Pu	rchasers						
(Cl	neck "All S	tates" or	check in	dividual	States).						🔲 All S	States		
[A] [IL] [M]] [N] T] [NE]	[AZ] HA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box and indicate in the column below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Type of Security Offering Price Already Sold Debt..... \$ \$ Equity.... \$ 0 \$ □Common □ Preferred Convertible Securities (including warrants)..... \$ Partnership Interests.... \$0 \$ 7,900,000 Other (Specify _____) \$ \$ Total..... \$0 \$ 7,900,000 Answer also in Appendix, Column 3, if filing under ULOE Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors 35 \$ 7,900,000 Non-accredited Investors 0 \$ 0 Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE..... 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering Type of Dollar Security Amount Sold Rule 505 \$ Regulation A \$ Rule 504..... \$ Total \$ 4a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees..... \$ Printing and Engraving Costs.... \$ 5,000 Legal Fees \$ 40,000 Accounting Fees..... \$ 5,000 \$ Engineering Fees....

Sales Commissions (Specify finder's fees separately)

Other Expenses (identify) Travel and presentation costs

Total

\$

\$

50,000 100,000

C. OFFERING PRICE, NUM	IBER OF INVESTORS, EXPENS	ES AND USE C	F PROCEEDS
to part C - Question 1 and total ex	aggregate offering price given in response spenses furnished in response to Part Che "adjusted gross proceeds to the issuer."	\$	7,800,000
proposed to be used for each of the pu	nate and check the box to the left of the sted must equal the adjusted gross		
		Payments to Officers, Directors Affiliates	s, & Payments to Others
Salaries and fees		\$	□ \$
		\$	<u> </u>
	stallation of machinery and equipment	\$	☐ \$
_	uildings and facilities	\$	
	ncluding the value of securities involved		
in this offering that may be used i	n exchange for the assets or securities of		
	er		\$
• ·		\$	\$
_ -		\$	\$ 7 800 000
Other (specify): Investment in the	securities of companies	\$	
Column Totals		\$	
Total Payments Listed (column to	otals added)	 \$ 7, ×80	•
		; - -	
and the second s	D. FEDERAL SIGNATURE	i I	
the following signature constitutes an under	e signed by the undersigned duly authorized ertaking by the issuer to furnish to the U.S. Surnished by the issuer to any non-accredite	Securities and Excha	inge Commission, upon
Issuer (Print or Type)	Signature	Date	
Thoma Cressey Friends Fund VII, L.P.	Assither .	Novembe	er 20, 2002
Name of Signer (Print of Type)	Title of Signer (Print or Type)		
Lee M. Mitchell	Officer of Thoma Cressey Equity Partners Inc., the general partner of TC VII, L.P., the general partner of Thoma Cressey Friends Fund VII, L.P.		
Intentional misstatements or omis	ATTENTION sions of fact constitute federal criminal v	iolations. (See 18 U	J.S.C. 1001.)

E. STATE SIGNATURE

Yes No

1. Is any party described in 17 CFR 230.252 (c), (d), (e) or (f) presently subject to any of the disqualification

	provisions of such rule?		\boxtimes
See	Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice notice on Form D (17 CFR 239.500) at such times as required by state law.	is filed,	a
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information	on furni	shed

by the issuer to offerees.

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Thoma Cressey Friends Fund VII, L.P.	Durinell.	November 20, 2002
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Lee M. Mitchell	Officer of Thoma Cressey Equity Partners Inc., the general the general partner of Thoma Cressey Friends Fund VII, L.	•

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APPE		1. T. J.			
1	Intend non-ac investor	to sell to credited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)			Disqual under ULOE att explan waiver	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- accredited Investors	Amount	Yes	No
AL		X	*	-0-	N/A	N/A	N/A		Х
AK		X	*	-0-	N/A	N/A	N/A		Х
AZ		Х	*	-0-	N/A	N/A	N/A		X
AR		Х	*	-0-	N/A	N/A	N/A		Х
CA		Х	*	6	\$900,000	N/A	N/A		X
СО		Х	*	2	\$500,000	N/A	N/A	a	X
CT		Х	*	-0-	N/A	N/A	N/A		X
DE		Х	*	-0-	N/A	N/A	N/A		X
DC		Х	*	-0-	N/A	N/A	N/A		Х
FL		Х	*	2	\$500,000	N/A	N/A		X
GA		Х	*	-0-	N/A	N/A	N/A		Х
ні		Х	*	-0-	N/A	N/A	N/A		Х
ID		Х	*	-0-	N/A	N/A	N/A		Х
ΙL		X	*	14	\$3,450,000	N/A	N/A		Х
IN		Х	*	-0-	N/A	N/A	N/A		Х
lA		Х	*	-0-	N/A	N/A	N/A		Х
KS		Х	*	-0-	N/A	N/A	N/A		Х
KY		Х	*	-0-	N/A	N/A	N/A		Х
LA		Х	*	-0-	N/A	N/A	N/A		X
ME		Х	*	-0-	N/A	N/A	N/A		Х
MD		Х	*	-0-	N/A	N/A	N/A		Х
MA		X	*	1	\$250,000	N/A	N/A		Х
MI		X	*	-0-	N/A	N/A	N/A		Х
MN		Х	*	-0-	N/A	N/A	N/A		Х
MS		Х	*	-0-	N/A	N/A	N/A		Х
мо		Х	*	-0-	N/A	N/A	N/A		X
MT		X	*	-0-	N/A	N/A	N/A		X

APPENDIX										
1	Intend to sell to non-accredited investors in State (Part B-Item 1) Type of securi and aggregat offering pric offered in sta (Part C-Item			Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- accredited Investors	Amount	Yes	No	
NE		X	*	-0-	N/A	N/A	N/A		Х	
NV		X	*	-0-	N/A	N/A	N/A		Х	
NH		X	*	-0-	N/A	N/A	N/A		X	
NJ		X	*	-0-	N/A	N/A	N/A		Х	
NM		X	*	-0-	N/A	N/A	N/A		Х	
NY		Х	*	1	\$150,000	N/A	N/A		Х	
NC		X	*	-0-	N/A	N/A	N/A		Х	
ND		X	*	-0-	N/A	N/A	N/A		Х	
ОН		X	*	1	\$250,000	N/A	N/A		Х	
ок		Х	*	1	\$250,000	N/A	N/A		Х	
OR		Х	*	-0-	N/A	N/A	N/A		Х	
PA		Х	*	1	\$250,000	N/A	N/A		Х	
RI		Х	*	-0-	N/A	N/A	N/A		X	
SC		Х	*	-0-	N/A	N/A	N/A		Х	
SD		Х	*	-0-	N/A	N/A	N/A		X	
TN		Х	*	2	\$500,000	N/A	N/A		Х	
TX		Х	*	2	\$500,000	N/A	N/A		Х	
UT		X	ж	-0-	N/A	N/A	N/A		Х	
VT		X	*	-0-	N/A	N/A	N/A		Х	
VA		Х	*	2	\$400,000	N/A	N/A		Х	
WA		Х	*	-0-	N/A	N/A	N/A		Х	
WV	1	Х	*	-0-	N/A	N/A	N/A		Х	
WI		х	*	-0-	N/A	N/A	N/A		Х	
WY		X	*	-0-	N/A	N/A	N/A		Х	
PR		X	*	-0-	N/A	N/A	N/A		Х	

^{*} Limited Partnership Interests